- 1		CLÁIN	AS AS FIL	ED – PART 1	09/68199/					
: }			(Column 1)		(Column 2)	SMALL EN	TITY O	R OTH	OTHER THAI SMALL ENTITI	
ŀ	FOR BASIC FEE		HUMBER FU	LEO N	UMBER EXTRA			0	CC CIAILII	
_ [::	197 OFR 1.16(+1)					RATE	FEE	RATE	· FI	
- 1	(3) CFR 1.16(c))	3	<u></u>		10	-	OF	1	s	
	NDEPENDENTA	LAME		/s 20 = · -		x <u>2 2 2 .</u>	1	× 50.		
-  -	(16)01.1 RED (C)	3	mine	.5 3 € ·	-0	x 100=	OR	000	<del>- </del>	
'	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.18(d))					+5.180	OR.		-	
.	fithe difference in column 1 is less than zero, enter "0" in column 2.						OR OR	.360		
	-					· TOTAL	OR	TOTAL	1	
1.	و مام	CLAIMS AS	AMEND	ED-PARTII		•			<u> </u>	
-14	8123107							٠		
ŀ	<del> </del>	(Column	<del></del>	. (Column 2	[Column 3]	SMALL ENTI	TV · OR	OTHER	R THAN	
•	<b>∢</b>	REMAIN		HIGHEST		7		SMALL	ENTITY	
15	2	AFTER AMENDIA		PREVIOUSL			DD1-	: RATE		
1 6	Total	AMENDIA		PAID FOR			HAL	MIE	- THORFL	
AMENDAGAG	(3) CFR 1,16(c)	20	Minu	30	- 43	25.	EE	<u> </u>	FEL .	
1 3	Independent	. 0	Minu		1	1	OR	x.50.		
Ž	13. Oct 1. Ichall	<u>۔ ب</u>		<u> </u>	) <del>- 0</del>	x s 100.	7	x,200		
	FRST PRESENTATION OF MULTIPLE DEPENDENT CLAM DI CFR 1.16(d)					100	OR	x:ALJ		
	(5, 0, 4, 1, 16/01)						OR	+360		
						TOTAL ADD'L FEE	OR	TOTAL		
<b> </b>		(Column 1)		(Column 2)	(Column 3)	-		ADOL FEE		
· 00		CLAIMS		HIGHEST	T	( <del></del>			i	
E	Į	REMAINING	3 ]	NUMBER	PRESENT	RATE ADO	01-	2	-	
ជ		AMENDHEN	1	PREVIOUSLY PAID FOR	EXTRA	TION		RATE	ADD+ TIONAL	
₹	Fotal Curper Lincal	•	. Minus	"	1.	TEN FE	<u>-                                    </u>		FEE	
Z	Independent (F) CFR 1.16())	<del> </del>	Minus	<del> </del>	<del> </del>	×.25.	OR	x . 50.		
AMENOMENT	DI CHE L. HOLD	L		l		× s 100.		× 200	<del> </del> .	
_	FIRST PRESENT	FATION OF MULT	IPLE DEPEKO	+ s 180a	·	-360				
•						TOTAL		TOTAL	<u></u>	
		•			•	ADD'L FEE		OD'L FEE	.	
<u> </u>	·	(Column 1)		(Column 2)	(Column 3)					
ပ	. :	CLAIMS T REMAINING	.	HIGHEST	PRESENT			<del></del>		
E		AFTER	- <b>1.</b>	NUMBER PREVIOUSLY	EXTRA	RATE ADDI		RATE	ADDI	
W	Total	AMEHOMEN		PAID FOR		FEE		1	rional	
Ó	UI OUT FREED!	· ·	Minus	<u> </u>		x.25	¬	,50:	FEE	
6	Andtperident DI OFN 1,16(b))	·:	Minus	· • • • • • • • • • • • • • • • • • • •						
AMENDMENT		<del></del>	لينسك			x s 100	OA ×	,20Q		
	FIRST PRESENT	ATION OF MULTI	LE OEBEHÓG	ENTOLINU DICE	+:180.	OR .	360.			
			· ·	· · · · · · · · · · · · · · · · · · ·	. لبــــــــــــــــــــــــــــــــــــ	TOTAL	<b>⊣</b> ∵ ∟∴			
	" If the entry in co	duma i istem s	han the ect			ADO'L FEE		DON FEE	1	
" If the entry in column 1 is less than the entry in column 2, while "0" in column 3.  "If the "Egiptest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										

"If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the typest number found in the appropriate wor in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or relain a benefit by the public which is to fide fand by the USP TO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, R.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, cett 1-800.P FO-9189 and soled option ?